

**MOHAWK TRAIL REGIONAL SCHOOL DISTRICT**

**INTRA**

**(residing WITHIN the Mohawk K-12 District)**

**SCHOOL OF CHOICE APPLICATION**

2022 – 2023 SCHOOL YEAR

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (late afternoon) \_\_\_\_\_

School your son/daughter would like to attend: (check one)

\_\_\_\_\_ Buckland-Shelburne Elementary School

\_\_\_\_\_ Colrain Central School

\_\_\_\_\_ Sanderson Academy (Ashfield)

Why did you choose this school? \_\_\_\_\_

Which grade will your son/daughter be entering? \_\_\_\_\_

School your son/daughter is now attending: \_\_\_\_\_

Why did you choose to leave this school? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Please return this application to the address below or contact Karen Totman at 413-625-0192 extension 1010. Thank you!

School Choice Program – Attention Karen Totman  
Mohawk Trail Regional School District  
24 Ashfield Road  
Shelburne Falls, MA 01370

(For Office Use Only)

\_\_\_\_\_ Applicant Approved

\_\_\_\_\_ (Principal Signature)